



State of Connecticut
DIVISION OF CRIMINAL JUSTICE
OFFICE OF THE STATE'S ATTORNEY
JUDICIAL DISTRICT OF ANSONIA-MILFORD

KEVIN D. LAWLOR
STATE'S ATTORNEY

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STATEMENT OF LOSS

OFFICE USE ONLY
Defendant:
Docket #:
Co-Defendant(s):

Name:		
Mailing Address:		
Town/City:	State:	Zip:
Incident Type:	Incident Date:	Police Case Number:

Incident Address:		
Town/City:	State:	Zip:
Photographs Available (circle Yes or No): <div style="text-align: center;">YES / NO</div>	Appraisal Available (circle Yes or No): <div style="text-align: center;">YES / NO</div>	
Insurance Company:	Policy Number:	Deductible:

INSTRUCTIONS: Please list the items missing in connection with this incident. Be as specific as possible. Give make, model number, serial number, and any distinguishing characteristics, etc. Sign this form, and return to the Office of the State's Attorney by email at DCJ.Milford@ct.gov, by fax at 203-283-8268, or by mail at the address above, "Attn: Restitution". Attach additional sheets if necessary.

Item	Description	Engraving	Serial Number	Value	Insured
					Y / N
					Y / N
					Y / N
					Y / N
					Y / N
					Y / N
					Y / N
					Y / N
					Y / N
					Y / N

I certify that the property listed on this form is owned by me, or in my care, and is missing in connection with this incident. I am aware that under Connecticut General Statutes § 53a-157, false statements are punishable by law.

 Signature

 Date
 Rest_loss_frm DCJ_SAO_JDAN Rev. 2012_07_10